

South Carolina Department of Disabilities & Special Needs

Qualified Provider & Case Management Crosswalk

FY19/20 CCR Indicators Crosswalk to FY20/21

FY 19-20	FY 20-21	Case Management – Qualified Provider	Potential Recoupment
A1- 10	CMP-01	Key Indicator: The Provider keeps service recipients' records secure and information confidential.	
A1-13	CMP-02	Key Indicator: Case Management providers must have a system that allows access to assistance 24 hours/daily, 7 days/week.	
New	CMP-03	Key Indicator: Provider Board of Directors receive additional training regarding DDSN Contract expectations and the provider's capacity to meet expectations. A minimum of 6 hours of training is required every 3 years. <i>Applies to DSN Boards only.</i>	
A1-05	CMP-04		
A1-04	CMP-05	Key Indicator: The Case Management Provider will have a Human Rights Committee or documented accessibility to a Human Rights Committee if consultation is needed regarding services and supports to a person supported and/or their family. The membership of the HRC and frequency of the meetings must meet the requirements in 535-02-DD.	
A1- 16	CMP-06	Key Indicator: The Provider demonstrates agency-wide usage of Therap for the maintenance of Intake and Case Management records according to the implementation schedule approved by DDSN.	
New	CMP-07	Key Indicator: Vendors conducting business with the provider agency have been appropriately screened against the OIG Exclusions list. Guidance: Provider will maintain documentation of review of OIG Exclusion list.	
A3-01	CMP-08	Key Indicator: The Provider employs Intake Staff who meet the minimum education requirements for the position. Guidance: Applies to new employees working less than 12 months.	
A3-02	CMP-09	Key Indicator: The Provider employs Intake Staff who meet the criminal background check requirements for the position, prior to employment. Guidance: Applies to new employees working less than 12 months.	
A3-02	CMP-10	Key Indicator: The Provider employs Intake Staff who continue to meet the criminal background check requirements for the position, upon required recheck. Guidance: Re-check every 3 years.	
A3-03	CMP-11	Guidance: Applies to new employees working less than 12 months.	
A3-04	CMP-12	Guidance: Applies to new employees working less than 12 months.	
A3-05	CMP-13	Guidance: Applies to new employees working less than 12 months.	
A3-06	CMP-14	Key Indicator: The Provider employs Intake Staff who meet the TB Testing requirements for the position, prior to direct service contact. Guidance: Applies to new employees working less than 12 months.	
A3-06	CMP-15	Key Indicator: The Provider employs Intake Staff who meet the TB Testing requirements for the position, as indicated in Directive 603-06-DD. Guidance: TB Screening must be completed by the last day of the month in which it was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available. Source: DDSN Directive 603-06-DD.	
New	CMP-16	Key Indicator: Intake staff must pass mandatory, competency-based ANE training, as required, during pre-service orientation. Guidance: Applies to new employees working less than 12 months.	
New	CMP-17	Key Indicator: The Provider employs Intake Staff who, when employed after 1 year, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s). Guidance: Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.	
New	CMP-18	Key Indicator: The Provider employs Intake Staff who must complete new employee competency- based training requirements, as required in 567-01-DD. Guidance: Applies to new employees working less than 12 months. Review training documentation in Therap.	
New	CMP-19	Key Indicator: The Provider employs Intake Staff, when employed for more than 12 months, must receive an additional 10 hours of continuing education. Guidance: Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months.	
A3-57	CMP-20	Key Indicator: Annually, the Provider employs Intake Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws. Guidance: Training must be completed by the last day of the month in which the training was due.	
A3-07	CMP-21	Key Indicator: The Provider employs Case Management Staff who meet the minimum education requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management. Guidance: Applies to new employees working less than 12 months.	
A3-08	CMP-22	Key Indicator: The Provider employs Case Management Staff who meet the criminal background check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, prior to employment. Guidance: Applies to new employees working less than 12 months.	

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A3-08	CMP-23	Key Indicator: The Provider employs Case Management Staff who continue to meet the criminal background check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, upon required recheck. Guidance: Recheck every 3 years.	
A3-09	CMP-24	Guidance: Applies to new employees working less than 12 months.	
A3-10	CMP-25	Guidance: Applies to new employees working less than 12 months.	
A3-11	CMP-26	Guidance: Applies to new employees working less than 12 months.	
A3-12	CMP-27	Key Indicator: The Provider employs Case Management Staff who meet the TB Testing requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, prior to direct service contact. Guidance: Applies to new employees working less than 12 months.	
A3-12	CMP-28	Key Indicator: The Provider employs Case Management Staff who meet the TB Testing requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management. Guidance: TB Screening must be completed by the last day of the month in which it was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available. Source: DDSN Directive 603-06-DD.	
A3-13	CMP-29	Guidance: Applies to new employees working less than 12 months.	
A3-45	CMP-30	Key Indicator: Case Management Staff must pass mandatory, competency-based ANE training , as required, during pre-service orientation. Guidance: Applies to new employees working less than 12 months.	
A3-45	CMP-31	Key Indicator: The Provider employs Case Management Staff who, when employed after 1 year, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s). Guidance: Source: DDSN Case Management Standards and DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.	
A3-46	CMP-32	Deleted	
A3-57	CMP-32	Key Indicator: Annually, the Provider employs Case Management Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws. Guidance: Training must be completed by the last day of the month in which the training was due	
A3-20R	CMP-33 (R)		R
A3-21R	CMP-34 (R)	Key Indicator: The Provider employs Waiver Case Management Staff who meet the criminal background check requirements for the position, prior to employment.	R
A3-21R	CMP-35 (R)		R
A3-22R	CMP-36 (R)		R
A3-23R	CMP-37 (R)		R
A3-24R	CMP-38 (R)		R
A3-25R	CMP-39 (R)	Key Indicator: The Provider employs Waiver Case Management Staff who meet the TB Testing requirements for the position, prior to direct service contact. Guidance: Applies to new employees working less than 12 months.	R
A3-25R	CMP-40 (R)	Key Indicator: The Provider employs Waiver Case Management Staff who meet the TB Testing requirements, as indicated in DDSN Directive 603-06-DD. Guidance: TB Screening must be completed by the last day of the month in which it was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD documentation of the review, assessment of risk classification, and review schedule must be available. Source: WCM Standards and DDSN Directive 603-06-DD	R
A3-26	CMP-41	Guidance: Applies to new employees working less than 12 months.	
A3-47	CMP-42 (R)	Key Indicator: Waiver Case Managers must pass mandatory, competency-based ANE training , as required, during pre-service orientation. Guidance: Applies to new employees working less than 12 months.	R
A3-47	CMP-43 (R)	Key Indicator: The Provider employs Waiver Case Management Staff who, when employed after 12 months, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s). Guidance: Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.	R
New	CMP-44 (R)	Key Indicator: WCM Staff have successfully completed SCDHHS WCM training prior to delivery of WCM services. Guidance: Any Case Manager delivering services to Waiver participants on or before June 30, 2019, must complete the SCDHHS Waiver Case Management curriculum no later than December 31, 2019. 1Any Waiver Case Manager hired after July 1, 2019 must complete the SCDHHS Waiver Case Management curriculum before delivering Waiver Case Management services. *Beginning January 1, 2020 and thereafter, no Case Manager may deliver Waiver Case Management services until the SCDHHS Waiver Case Management curriculum is completed. WCM Standards	R
A3-48	CMP-45 (R)	Key Indicator: The Provider employs Waiver Case Management Staff who must complete new employee competency-based training requirements , as required in 567-01-DD. Guidance: Applies to new employees working less than 12 months.	R

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A3-48	CMP-46 (R)	Guidance: WCMs are required to receive twenty (20) hours of training annually. Training must include the following topic areas: <ul style="list-style-type: none"> Confidentiality of Personal Information (DDSN Directive 167-06-DD); Person-centered planning; Level of Care; Assessments and Plans of Support; Programmatic changes (as required); One topic of the provider's choosing. Applies to new employees working more than 12 months. Training must be completed by the last day of the month in which the training was due. Source: DDSN Directive 567-01-DD /WCM Standards	R
A3-57	CMP-47	Key Indicator: Annually, the Provider employs Waiver Case Management Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws. Guidance: Training must be completed by the last day of the month in which the training was due.	

FY 19-20	FY 20-21	Intake	Potential Recoupment
IN-01	IN-01		
IN-02	IN-02	Key Indicator: Documentation includes sufficient information to prove that a thorough explanation of the following was provided to the service user or his/her representative: <ul style="list-style-type: none"> The process for Intake including next steps, DDSN as an agency and how services through DDSN are provided; Services potentially available through DDSN, including the criteria to be met in order for services to be authorized.	
IN-03	IN-03		
IN-04	IN-04		
IN-05	IN-05		

FY 19-20	FY 20-21	Case Management	Potential Recoupment
CM-01	CM-01	Guidance: Applies only to non-waiver consumers.	
CM-02	CM-02	Guidance: Review documentation in Therap.	
CM-03	CM-03		
CM-04	CM-04	Guidance: Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies only to Non-Waiver consumers	
CM-05	CM-05		
CM-06	CM-06		
CM-07	CM-07	Guidance: Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies only to Non-Waiver consumers	
CM-08	CM-08	Guidance: Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies only to Non-Waiver consumers	
CM-09	CM-09		
CM-10	CM-10		
CM-11	CM-11	Review documentation in Therap.	
CM-12	CM-12		
CM-13	CM-13	Review documentation in Therap.	
CM-14	CM-14	Review documentation in Therap.	
FY19-20	FY20-21	Waiver Case Management	Potential Recoupment
WCM-01	WCM-01		R
WCM-02	WCM-02		R
WCM-03	WCM-03		R
WCM-04	WCM-04		R
WCM-05	WCM-05		R
WCM-06	WCM-06	Key Indicator is recoupable	R
WCM-07	WCM-07		R
FY19-20	FY20-21	Waiver Activities	Potential Recoupment
WA-01	WA-01		
WA-02	WA-02		
WA-03	WA-03		
WA-04	WA-04		
WA-05	WA-05		

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WA-06	WA-06		
WA-07	WA-07		
WA-08	WA-08		
WA-09	WA-09	Key Indicator: The Plan is amended /updated as needed, or as requested by the person.	
WA-10	WA-10		
WA-11	WA-11	Deleted	
WA-12	WA-11		
WA-13	WA-12		
WA-14	WA-13		
WA-15	WA-14		
WA-16	WA-15		
WA-17	WA-16 (R)		R
WA-18	WA-17 (R)		R
WA-19	WA-18		
WA-20	WA-19		
WA-21	WA-20		
WA-22	WA-21		
WA-23	WA-22 (R)		R
WA-24	WA-23 (R)		R
WA-25	WA-24 (R)		R
WA-26	WA-25 (R)		R
WA-27	WA-26		
WA-28	WA-27	Key Indicator: Before authorization of Adult Attendant Care Services (ID/RD), Attendant Care (HASCI), or In-Home Supports (CS) the absence of cognitive deficits in the participant that would preclude the use of participant/ representative directed care is assessed and documented.	
WA-29	WA-28	Key Indicator: Before authorization of Adult Attendant Care Services (ID/RD), Attendant Care (HASCI), or In-Home Supports (CS), the participant/ representative is provided information about hiring management and termination of workers as well as the role of the Financial Management System.	
WA-30	WA-29	Deleted	
WA-31	WA-29	Key Indicator: The non -availability of a Waiver service provider is documented and actively addressed.	
WA-32	WA-30		
WA-33	WA-31		
WA-34	WA-32		
WA-35	WA-33		